

Director's Signature:

CBS

Time Log/Program / Area: 2048-Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: April 10, 2010

Employee Name:		Sunday 04/04/10	Monday 04/05/10	Tuesday 04/06/10	Wednesday 04/07/10	Thursday 04/08/10	Friday 04/09/10	Saturday 04/10/10
Corbett,Kate 45161000 <i>Kate Corbett</i>	Day: In - Out		06 215	700 300		055 300	06 215	
	Lunch: Out - In		12 ⁰⁰ 12 ³⁰	12 ⁰⁰ 12 ³⁰		12 ⁰⁰ 12 ³⁰	12 ⁰⁰ 12 ³⁰	
Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.					C1H 7.5 hrs ✓			
Dookhan,Annie 45161000 <i>Annie Dookhan</i>	Day: In - Out		6:45 3 ²⁰	6:45 3 ¹⁵	6:45 3 ²⁰	6:45 3 ¹⁵	6:45 3 ²⁰	
	Lunch: Out - In		12 ⁰⁰ 12 ³⁰					
Employee Signature	Outside Duty: From - To				8 ¹⁰ 11 ³⁰	8 ¹⁰ 10 ⁵⁰	8 ¹⁰ 10 ⁵⁰	
Document exceptions or comments, indicate type and amount.					Lawrence SWP.	Cambodia District Meeting		
Feiden, Stacey 8400-9745 <i>Stacey Feiden</i>	Day: In - Out		8:15 4:15	8:30 4:30	8:30 4:30	8:15 4:45	8:25 4:25	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.					2.5 sick			
Frasca,Daniela 45161000 <i>Daniela Frasca</i>	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	
	Lunch: Out - In		12:30 1:00	12:45 1:15	12:30 1:00	12:30 1:00	12:30 1:00	
Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.					Lawrence SWP			

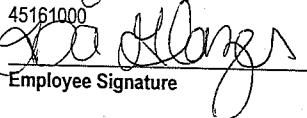
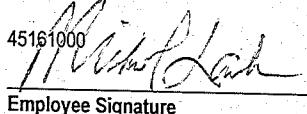
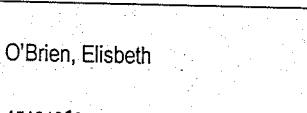
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Time Log/Program / Area: 2048-- Boston Drug Lab

Folk OIG PRR 002803

Week Ending: April 10, 2010

Employee Name:			Sunday 04/04/10	Monday 04/05/10	Tuesday 04/06/10	Wednesday 04/07/10	Thursday 04/08/10	Friday 04/09/10	Saturday 04/10/10
Glazer, Lisa 45161000 	Day: In - Out			6:05 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	
	Lunch: Out - In			12 ⁰⁰ 12 ³⁰	2:00 12:30	12:00 12:30	12:30 12:00	12:30 12:00	12:30 12:00
	Outside Duty: From - To					2:15pm 1:30pm	BMC		
Document exceptions or comments, indicate type and amount.									
Lawler, Michael 45161000 	Day: In - Out			9:25 6:00	8:05 4:50	8:00 4:50	8:15 4:30	8:00 4:30	7:30 4:00
	Lunch: Out - In			2:25 2:55	2:05 2:35	2:40 3:10	1:05 1:35	1:20 1:30	1:20 1:00
	Outside Duty: From - To								
Document exceptions or comments, indicate type and amount.									OT 2.5 ✓
Medina, Nicole 45161000 	Day: In - Out			7:55 3:55	7:30 3:30	7:40 3:40	8:05 12:35	7:55 3:55	7:05 3:05
	Lunch: Out - In			12 12:30	12 12:30	12 12:30		12:00 12:30	11:45
	Outside Duty: From - To								
Document exceptions or comments, indicate type and amount.							3.0 hrs vac ✓		OT 2.5 ✓
O'Brien, Elisabeth 45161000 	Day: In - Out			7:35 4:15	7:35 2:35	7:40 5:10	7:40 3:15	7:45 3:15	
	Lunch: Out - In			11:05 1:15	11:30 12:00	11:30 12:00	11:30 12:00	11:30 12:00	
	Outside Duty: From - To								
Document exceptions or comments, indicate type and amount.				Per 2.5 ✓			+ 0.5 com ✓	+ 0.5 com	

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Employee Name:		Sunday 04/04/10	Monday 04/05/10	Tuesday 04/06/10	Wednesday 04/07/10	Thursday 04/08/10	Friday 04/09/10	Saturday 04/10/10
Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.		<i>SIC 7.5</i>	<i>CMT 7.5</i>	<i>CMT 7.5</i>	<i>JDP 7.5</i>	<i>CMT 7.5</i>		
Employee Signature	Day: In - Out				<i>10⁰⁰</i>	<i>300</i>	<i>725</i>	<i>345</i>
	Lunch: Out - In					<i>1200</i>	<i>1230</i>	<i>12</i>
	Outside Duty: From - To						<i>1230</i>	
Document exceptions or comments, indicate type and amount.		<i>SIC 7.5</i>	<i>SIC 7.5</i>	<i>SIC 7.5</i>				
Employee Signature	Day: In - Out			<i>645</i>	<i>245</i>	<i>730</i>	<i>330</i>	<i>805</i>
	Lunch: Out - In			<i>1215</i>	<i>1245</i>	<i>1200</i>	<i>1230</i>	<i>1100</i>
	Outside Duty: From - To					<i>1215</i>	<i>1230pm</i>	<i>1130</i>
Document exceptions or comments, indicate type and amount.		<i>VAC 7.5</i>			<i>BMC</i>			
Employee Signature	Day: In - Out			<i>6:45 245</i>	<i>6:45 2045</i>	<i>6:45 245</i>		<i>6:45 3:00</i>
	Lunch: Out - In			<i>1:15 1:45</i>	<i>1:00 1:30</i>	<i>1:00 1:30</i>		<i>1:10 1:40</i>
	Outside Duty: From - To							<i>1:10 1:30</i>
Document exceptions or comments, indicate type and amount.						<i>CMT 7.5</i>	<i>Combedge District Meeting</i>	<i>OT 7.5</i>

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Employee Name:		Sunday 04/04/10	Monday 04/05/10	Tuesday 04/06/10	Wednesday 04/07/10	Thursday 04/08/10	Friday 04/09/10	Saturday 04/10/10
Sprague, Shirley 45161000	Day: In - Out		900 500	900 500	900 100			
	Lunch: Out - In		100 130	100 130				
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.					VAC 3.5 ✓	SIF 7.5 ✓	SIF 7.5 ✓	
Tan, Zhi 45161000	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	5:45 2:45
	Lunch: Out - In		11:45 12:15	11:45 12:15	11:45 12:15	11:45 12:15	11:45 12:15	12:00 12:30
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.								
Tran, Mai 45161000	Day: In - Out		8:45 1:30			8:10 2:10		8:00 2:00
	Lunch: Out - In							
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.			1.25 VAC ✓		1 comp. time ✓			
45161000	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.								

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 4/10/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8400 - 9745

Approval:

Supervisor: C. Salem

Date: 4/6/10

Department Head: Marguerite Harris

Date: 4/6/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lawler	180459	7.5			
Nicole Medina	285766	7.5			
Daniel Perzynski	297673	7.5			
Della Saunders	147387	7.5			
Zhi Tan	148724	7.5			